

STATE TAX FORM 128-5C
TAX BILL NO. _____

RESIDENTIAL EXEMPTION
THE COMMONWEALTH OF MASSACHUSETTS

Do not write in this space
Date Application received: _____

Fiscal 2017

CHELSEA
NAME OF CITY OR TOWN

APPLICATION FOR RESIDENTIAL EXEMPTION
MUST BE FILED WITHIN 3 MONTHS AFTER THE DATE THE TAX BILL WAS SENT.

The undersigned being aggrieved by the failure to receive a residential exemption on real estate
Situating at _____ for fiscal year **2017**
hereby applies for such an exemption.

STATEMENT OF FACTS

Name (s) of record owner (s) _____

Name of applicant _____

Was this real estate owned and occupied by you as your principal residence on January 1, **2016**?

YES _____ NO _____

Date Acquired _____ How Acquired _____
By Purchase, Inheritance, Foreclosure, Gifts Etc

List location of any other residential real estate owned by you:

Have you ever received a residential exemption in any other city or town? If so, give the address of the property and the year (s) in which the exemption was received

Will you receive or have you applied for a residential exemption in any other city or town for the fiscal year to which this application relates? ____ If so, give the name of the city or town and the address of the property to which the exemption relates.

Signing this form under the penalties of perjury has the legal effect of swearing under oath to the truthfulness of the information contained herein: All items on this form must be completed. In addition to other sanctions provided by law, intentional misrepresentation of facts in this application may result in cancellation of this exemption. I also give permission for the City of Chelsea to confirm my tax filing with the Department of Revenue in the state of MA.

SUBSCRIBED THIS _____ DAY OF _____ UNDER THE PENALTIES OF PERJURY

Signature of Applicant _____

Post Office Address _____

